

**APPLICATION DATA SHEET****Application Information**

Application number:: 10/574,380

Filing Date:: 10/13/04

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title :: IN VITRO METHOD FOR THE DIAGNOSIS OF  
CARDIOVASCULAR FUNCTIONALITY OF  
BONE MARROW-PRECURSOR CELLS (BMP)  
AND/OR CIRCULATION PRECURSOR CELLS  
DERIVED FROM BLOOD (BDP)

Attorney Docket Number:: 81197-2

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 7

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency:: No

Contract or Grant No.:

Secrecy Order in Parent Appl.?: No

### **First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Andreas
Middle Name::	M.
Family Name::	Zeiher
Name Suffix::	
City of Residence::	Frankfurt
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Deutschherrnufer 47
City of mailing address::	Frankfurt
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	60594

### **Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Christopher
Middle Name::	
Family Name::	Heeschen
Name Suffix::	
City of Residence::	Munich
State or Province of Residence::	

Country of Residence::	DE
Street of mailing address::	BoseHistr. 4
City of mailing address::	Munich
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	81247

### **Third Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Stefanie
Middle Name::	
Family Name::	Dimmeler
Name Suffix::	
City of Residence::	Frankfurt
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Deutschherrnufer 47
City of mailing address::	Frankfurt
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	60594

#### **Fourth Applicant Information**

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

#### **Correspondence Information**

Correspondence Customer Number:: **22504**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: **206-628-7621**

Fax Number:

E-Mail address::

barrydavison@dwt.com

### Representative Information

Representative Customer Number::		<b>22504</b>
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### Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National stage of	EP04/011503	10/13/04

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
DE	10347436.6	10/13/03	Yes

### Assignee Information

Assignee name::	Frankfurt University
Street of mailing address::	Senckenberganlage 31
City of mailing address::	Frankfurt am Main
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	60325